

PLEASE NOTE:
YOU MUST
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FOLLOWING:

SUPPLEMENTAL
COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.
TORO 0101 PUS

As a below-named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:*

Insert Title **Anti-Helicobacter vaccine complex**

Check Box If
Appropriate -
For Use Without
Specification
Attached

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United
States Application Number _____ or
PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority
Information
(if appropriate)

	Priority	Claimed
96 02445 (Number)	FRANCE (Country)	02/26/96 (Month/Day/Year Filed) ✓
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number) _____ (Filing Date) _____

(Application Number) _____ (Filing Date) _____

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:

Country _____ Application No. _____ Date of Filing (Month/Day/Year) _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number) _____ (Filing Date) _____ (Status — patented, pending, abandoned) _____

*NOTE: Must be completed.

(Application Number) _____ (Filing Date) _____ (Status — patented, pending, abandoned) _____

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

John A. Artz, Reg. No. 25,824; John S. Artz, Reg. No. 36,431;
Kevin G. Mierzwa, Reg. No. 38,049; Robert P. Renke, Reg. No. 40,783

PLEASE NOTE:
YOU MUST
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FOLLOWING:

Send Correspondence to: John A. Artz
LYON & ARTZ, PLC
28333 Telegraph Road, Suite 250
Southfield, MI 48034

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole
Inventor:
Insert Name of Inventor
Insert Date This
Document Is Signed
Insert Residence
Insert Citizenship

Insert Post Office
Address

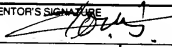
Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

*Note: Must be completed
— date this document is
signed.

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GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
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